| Effective October 1, 2001                                                             |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       |                      | O10                    | $\int \!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $ | XCC                     | 人7                     |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-----------------|---------------------------------|------------------|-------|----------------------|------------------------|-----------------------------------------------------------------|-------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       | SMALL ENTITY TYPE    |                        | OR                                                              | OTHER THAN SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                     |                                           | • •                                 |                 |                                 |                  |       | RATE                 | FEE                    |                                                                 | RATE                    | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED                        |                 | NUMBER EXTRA                    |                  |       | BASIC FEE            | 370.00                 | OR                                                              | BASIC FEE               | 890.0                  |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                     |                                           | 52 minus 20=                        |                 | • 32                            |                  |       | X\$ 9=               |                        | OR                                                              | X\$18=                  | 576.4                  |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                     |                                           | / minus 3 =                         |                 | •                               |                  |       | X42=                 |                        | OR                                                              | X84=                    |                        |
| MU                                                                                    | LTIPLE DEPENI                                                                                                                                                                                                                                                                                                       | DENT CLAIM PR                             | RESENT                              |                 |                                 |                  |       | +140=                |                        | OR                                                              | +280=                   |                        |
| * If                                                                                  | the difference i                                                                                                                                                                                                                                                                                                    | ess than zer                              | ss than zero, enter "0" in column 2 |                 |                                 |                  | TOTAL |                      | OR                     |                                                                 | 1466.                   |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 | L                | SMALL | ENTITY               | OR                     | OTHER<br>SMALL                                                  |                         |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREVI    | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |                                                                 | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | .59                                       | Minus                               | ** <sup>7</sup> | 2                               | <b>=</b>         | ]     | X\$ 9=               |                        | OR                                                              | X\$18=                  |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | •                                         | Minus                               | ***             | 3                               | = /              | 1     | X42=                 |                        | OR                                                              | X84=                    |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |                                     |                 |                                 |                  | l     | +140=                |                        | OR                                                              | +280=                   |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       | TOTAL,<br>ADDIT, FEE |                        | OR                                                              | TOTAL<br>ADDIT. FEE     |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       |                      |                        |                                                                 |                         |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUM<br>PREV     | HEST<br>MBER<br>NOUSLY<br>DFOR  | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |                                                                 | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | #                                         | Minus                               | **              |                                 | =                |       | X\$ 9=               |                        | OR                                                              | X\$18=                  |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                               | ***             | T CI A114                       | <u> -</u>        | 4     | X42=                 |                        | OR                                                              | X84=                    |                        |
| L                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT                                                                                                                                                                                                                                                                            |                                           |                                     |                 | COAIN                           |                  |       | +140=                |                        | OR                                                              | +280=                   |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       | TOTAL<br>ADDIT. FEE  |                        | OR                                                              | TOTAL<br>ADDIT. FEE     |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |                                     |                 | ımn 2)                          | (Column 3        | 3)_   |                      |                        |                                                                 |                         |                        |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | NUI<br>PREV     | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                 | ADDI-<br>TIONAL<br>FEE |                                                                 | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                               | ##              |                                 | e                |       | X\$ 9=               |                        | OR                                                              | X\$18=                  |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                               | ***             | VT 01 471                       | -                | 4     | X42=                 |                        | OR                                                              | X84≃                    |                        |
| <u> </u>                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |                                     |                 |                                 |                  | لـ    | +140=                |                        | OR                                                              |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                     |                                           |                                     |                 |                                 |                  |       | TOTAL                |                        | ОЯ                                                              | TOTAL                   |                        |
| =                                                                                     | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                                     |                 |                                 |                  |       |                      |                        |                                                                 |                         |                        |

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number